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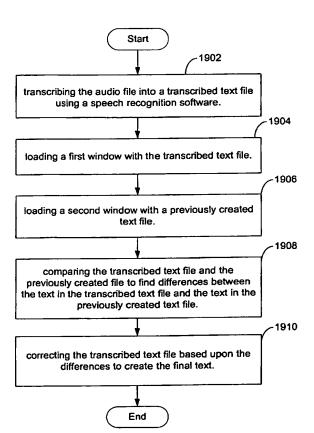
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[Continued on next page]

(54) Title: A METHOD FOR COMPARING A TRANSCRIBED TEXT FILE WITH A PREVIOUSLY CREATED FILE



(57) Abstract: A method to creating a final text from an audio file comprising (a) transcribing the audio file into a transcribed text file using a speech recognition software; (b) loading a first widow with the transcribed text file; (c) loading a second window with a previously created text file; (d) comparing the transcribed text file and the previously created file to find differences between the text in the transcribed text file and the text in the previously created text file; (e) correcting the transcribed text file based upon the differences to create the final text. The method may also include searching for the previously created text file.

Declarations under Rule 4.17:

- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for all designations
- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for all designations
- as to the applicant's entitlement to claim the priority of the earlier application (Rule 4.17(iii)) for all designations
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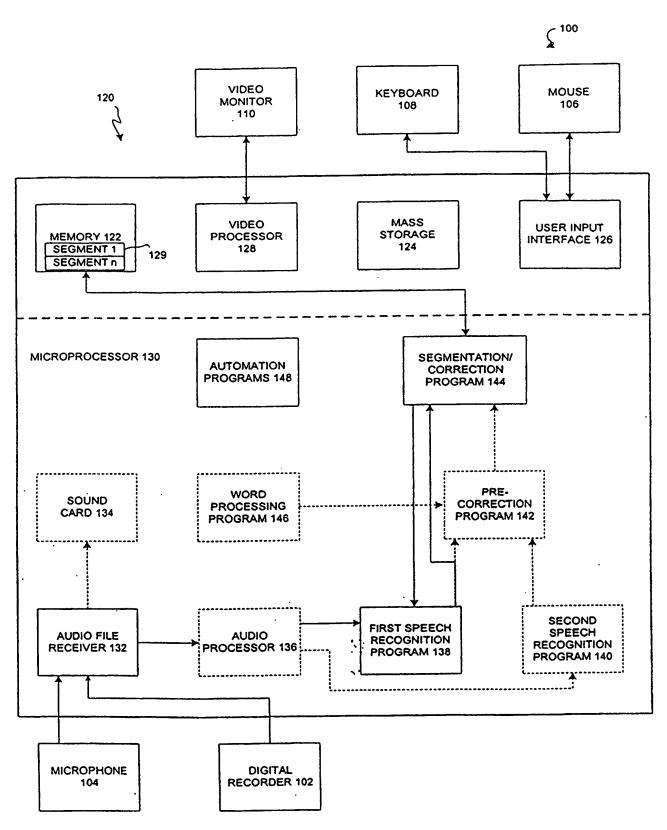
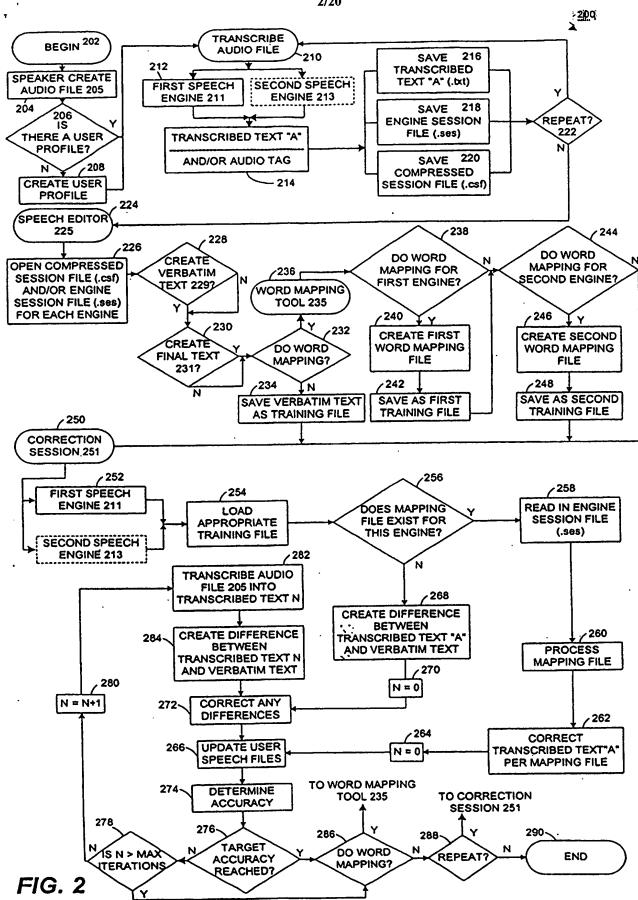
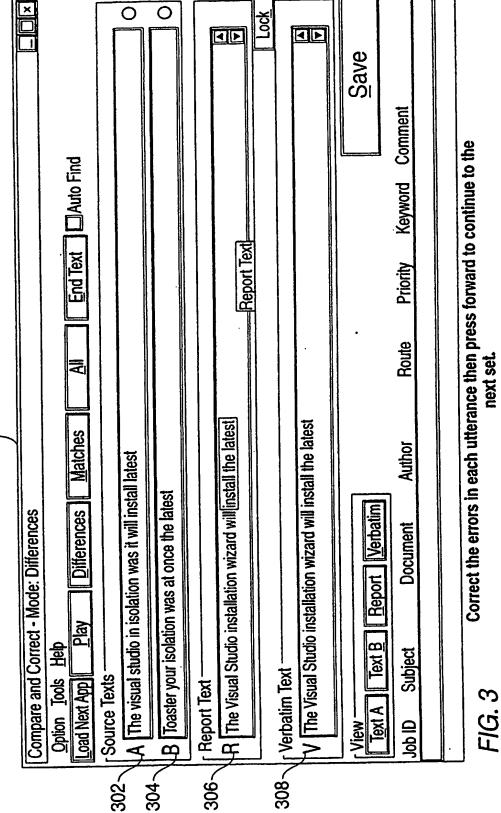
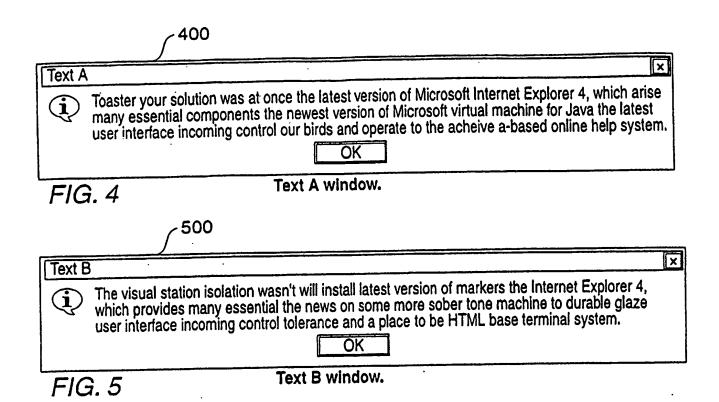


FIG. 1







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Chest and lateral 610 604	Just and lateral 606 History: pneumonia.
Referring physician Thatcher Smith.	Referring physician: Doctor Smith.
Heart size is midly enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual	Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to
pneumonia or scarning. The right lung is clear. There is no evidence for underlining tumor, Incidental note is made and	residual and Loma or scarring. The right line is clear. There is no evidence to for underlining tumor. And the tunnel now it
degenerative changes are the spine in shelters. Follow-up chest and lateral and 46 weeks is advised.	may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fights to.
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FIG. 6

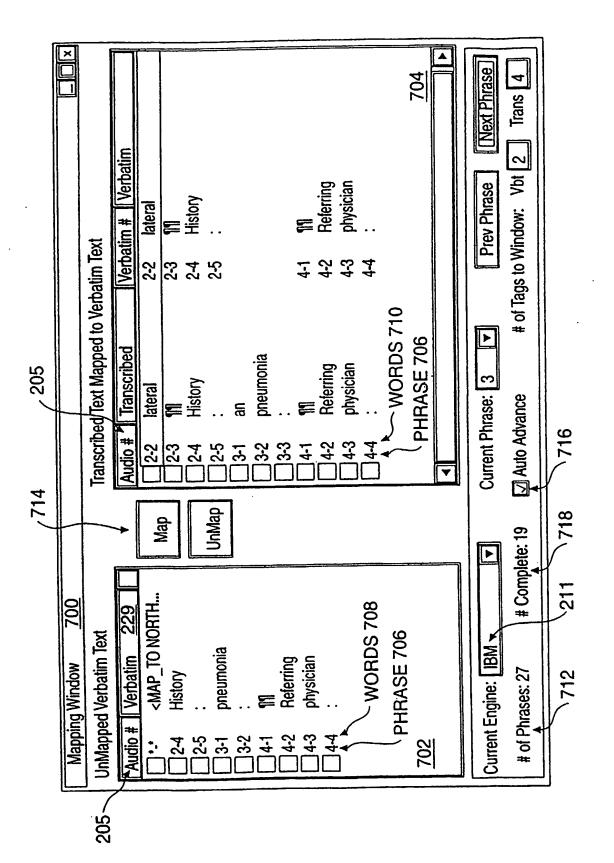


FIG. 7

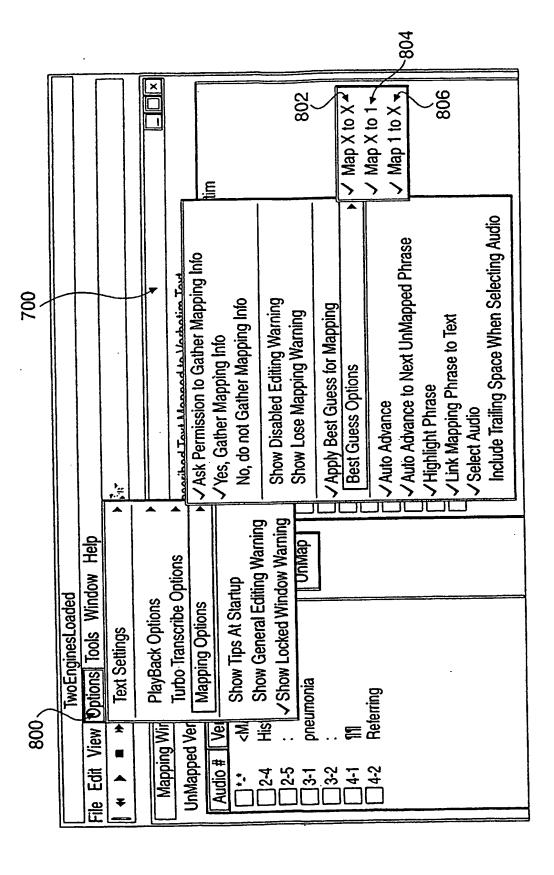


FIG. 8

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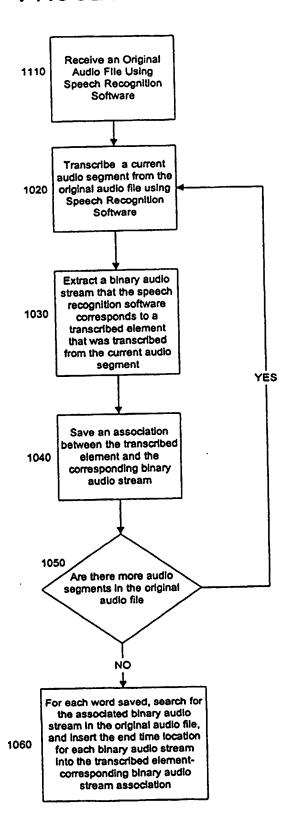
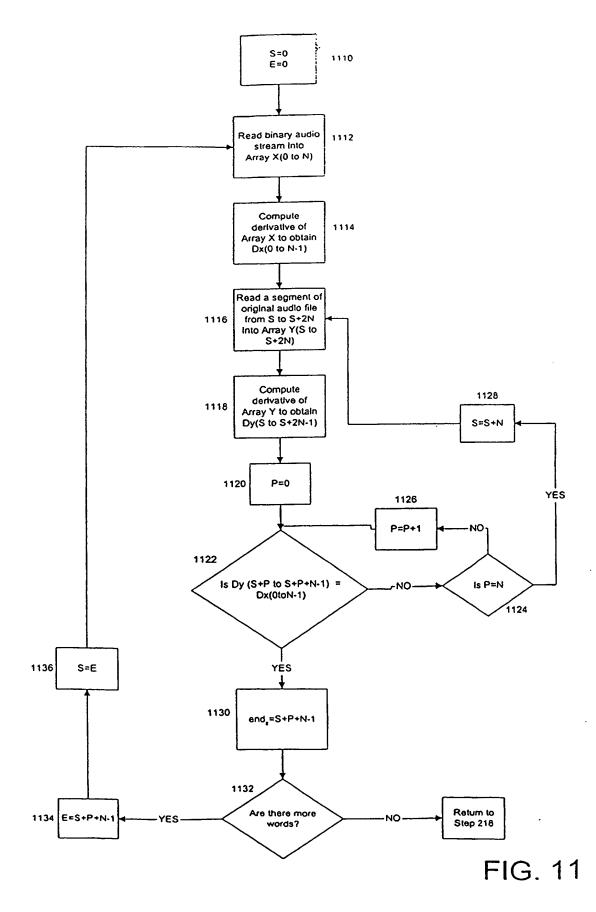
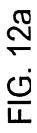
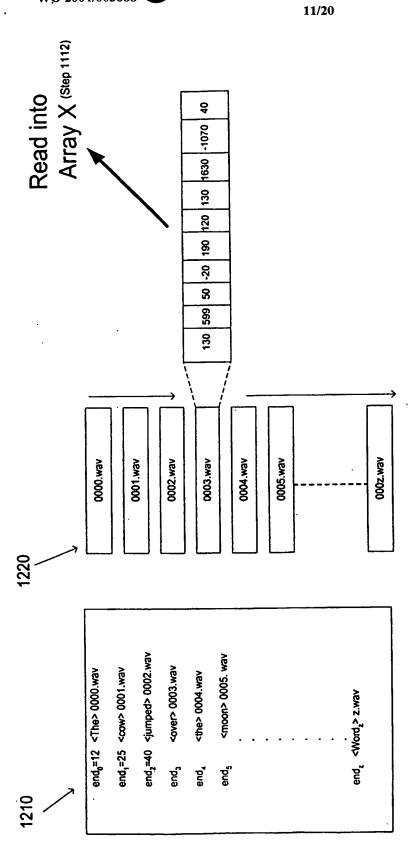


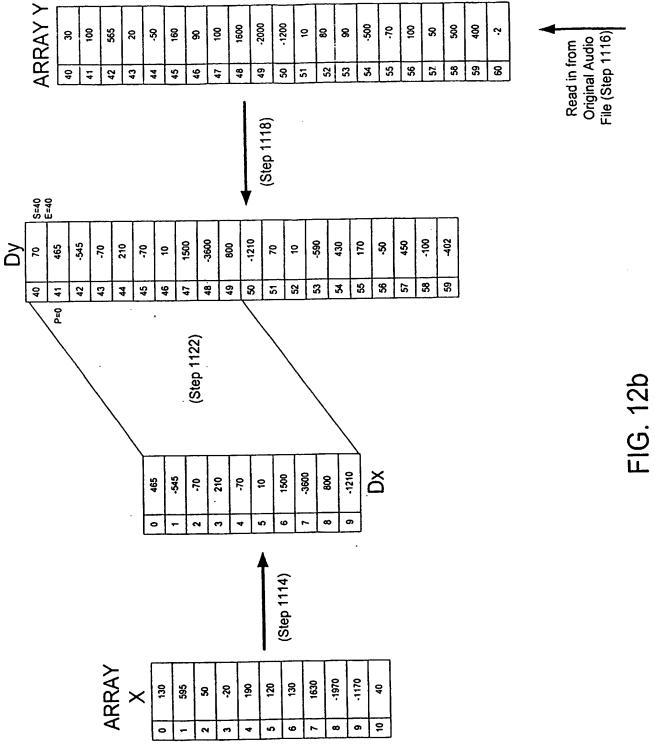
FIG. 10

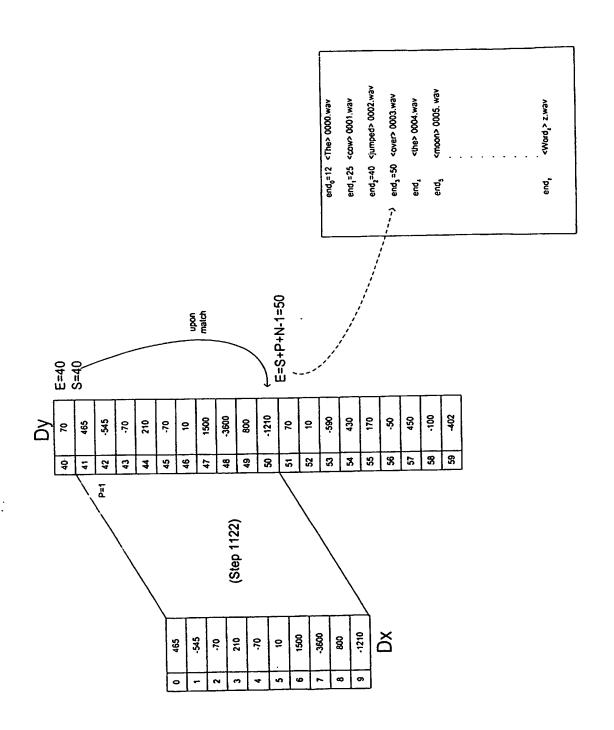






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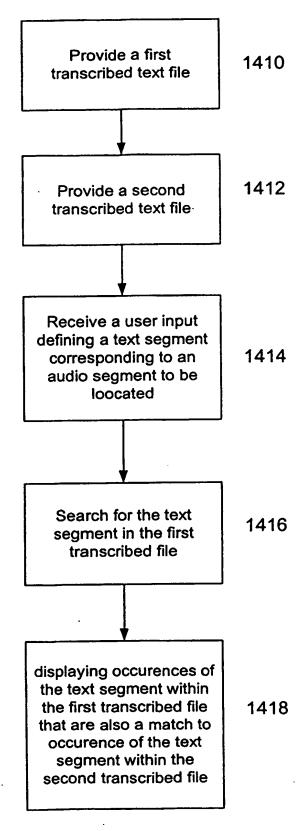


FIG. 14

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Þ		enter	Patieny Encounter: Initial Evaluation/Morrison Outpatient Center
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FIG. 15



Document 1--Initial Visit

History and Physical

Patient Name: Henry Russell Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Initial Evaluation/Morrison Outpatient Center

Examination Date: June 17, 2002 Referring Physician: Dr. Albert Block Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

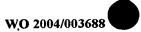
Rectum: Negative for occult blood. Prostate negative for masses.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Prilosec, 20 milligrams, one tab per day times 7 days. Followup office visit in 1 week.

FIG. 16





18/20

History and Physical

Patient Name: Henry Russell Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Followup/Morrison Outpatient Center

Examination Date: June 24, 2002 Referring Physician: Dr. Albert Block Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use. After one week course of proton inhibitors he has no complaints.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

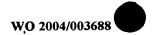
Rectum: Not examined.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Return visit if required.

FIG. 17



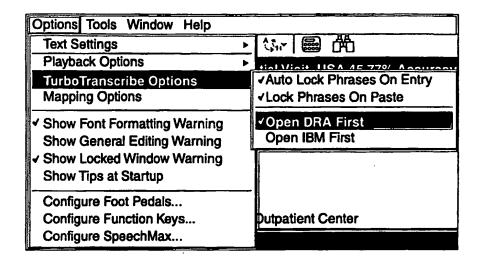


FIG. 18

